

State of California
QUARTERLY FINANCIAL INVOICE
Form CGII - 004 (Revised 08/99)

Board of Corrections
Corrections Planning and Program Division
Juvenile Crime Enforcement and Accountability Grant II (JCE&ACG)

1. County: Address:	2. Contract #:	3. Invoice #:
	4. Report Period (mm/dd/yy)	5. Modification This Period
	From:	Yes <input type="checkbox"/>
	To:	(Modification #:)
		No <input type="checkbox"/>

BUDGET

Line Items	A. STATE FUNDS	B. HARD MATCH	C. IN KIND MATCH	D. ANY OTHER MATCH	E. PRIOR EXPENDITURES	F. THIS PERIOD	G. BALANCE
6. Salaries and Benefits							
7. Services and Supplies							
8. Professional Services							
9. CBO Contracts							
10. Administrative Overhead							
11. Fixed Assets							
12. Other							
13. Grand Total							

RECAP	H. EXPENDITURES TO DATE	I. EXPENDED/CLAIMED THIS PERIOD
14. Hard Match		
15. In Kind Match		
16. Any Other Match		
17. State Funds		
18. Total Expended/Claimed		

I certify that this report is accurate and in accordance with Board of Corrections regulations, policies, and procedures. I further certify these are actual expenditures and all funds received from the Board are in reimbursement of funds expended for the purpose of liquidating obligations legally incurred for the payment of the state's share of the eligible expenses incurred in the previous quarter, as required under Article 13. A. of Exhibit A of the grant contract.

<u>PERSON PREPARING REPORT</u>	<u>PROJECT FINANCIAL OFFICER</u>	<u>PROJECT MANAGER</u>
Signature	Signature	Signature
Name	Name	Name
Title	Title	Title
Date	Date	Date
()	()	()
Telephone	Telephone	Telephone

Mail to: Board of Corrections Sacramento, CA 95814-0185	Approval: _____ Board of Corrections Representative	Date: _____
--	--	-------------